

CITY OF AUBURN BUILDING DEPARTMENT
PERMIT APPLICATION – NEW CONSTRUCTION

APPLICANT TO COMPLETE:

Property Owner _____ Phone: _____

Mailing Address _____ Zip _____

Contractor's Name _____ Phone: _____

Mailing Address _____ Zip _____

Contractor's License No. _____ Worker's Comp Cert? _____

If Owner/Builder permit, are you hiring employees? _____

CONSTRUCTION SITE ADDRESS _____

Subdivision _____ Lot# _____

Type of Work/Use: Residential _____ Commercial _____ Other _____

Describe work to be
done: _____

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

APN# _____

Sq. Ft.

Occupancy

Valuation

Total Valuation _____ No of Bedrooms _____